## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                           |                                   |                             |            |                 |             |
|---|-----------------------------------|-----------------------------|------------|-----------------|-------------|
| 1 Date of Request: 720 04 2 Serial/Patent # 09 08 21 08 |                                   |                             |            |                 |             |
| 3 Please refund the following fee(s):                   |                                   | 4 PAF<br>NUM                | ER<br>IBER | 5 DATE<br>FILED | 6 AMOUNT    |
|   | Filing                            | ,                           |            |                 | \$          |
| /   | Amendment                         |                             |            |                 | \$          |
| 7   | Extension of Time                 | # 16                        | )          | 12/17/03        | \$1480.00   |
|   | Notice of Appeal/Appeal           | ·                           |            |                 | \$          |
|   | Petition                          |                             |            |                 | \$          |
|   | Issue                             |                             |            |                 | \$          |
|   | Cert of Correction/Terminal Disc. |                             |            |                 | \$          |
|   | Maintenance                       |                             |            |                 | \$          |
|   | Assignment                        |                             |            |                 | \$          |
|   | Other                             |                             |            |                 | \$          |
| ANTON J. HOPEN, P.D. P.D. P.D. P.D. P.D. P.D. P.D. P.D  |                                   | 7 TOTAL AMOUNT<br>OF REFUND |            |                 | \$ 1480.0D  |
|   |                                   | 8 TO BE REFUNDED BY:        |            |                 |             |
| 10 REASON:  |                                   | Treasury Check              |            |                 |             |
|   | Overpayment                       |                             | C          | redit Dep       | osit A/C #: |
|   | Duplicate Payment                 |                             | 9          |                 |             |
| 1   | No Fee Due (Explanation):         | <u></u>                     |            |                 |             |
| FOT not timely filed.                                   |                                   |                             |            |                 |             |
| •   |                                   |                             |            |                 |             |
|   |                                   |                             |            |                 |             |
| 11 REFUND REQUESTED BY:                                 |                                   |                             |            |                 |             |
| TYPED/PRINTED NAME; Jana Male TITLE: Javalezes          |                                   |                             |            |                 |             |
| SIGNATURE: PHONE: 306-0482                              |                                   |                             |            |                 |             |
| office:   |                                   |                             |            |                 |             |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:               |                                   |                             |            |                 |             |
| APPROVED:   |                                   |                             |            |                 |             |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B